Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100

Columbia, SC 29210



LANGE TO THE PARTY OF THE PARTY

Phone: 803-896-5100 Fax: 803-896-5199 www.psc.sc.gov

Print

30111110111, 00 27210	PROTEST	Complaint Form
Date: 8-17-2012		Companie Poin

Complainant or Legal Representative Information: * Required Fields			
Name *	Mrs. Rod Worrell		
Firm (if applicable)			
Mailing Address *	16091 Heron Run Dr		
City, State Zip *	Tega Cay SC 29708 Phone * 803-548-4063		
E-mail *	hotrod2@comporium.net		
Name of Utility	Involved in Complaint: *		
	T&T is the utility involved, please complete the attachment located at the end of this form.		
Type of Compla	nt (check appropriate box below.) *		
☐ Billing Error/A ☐ Disconnection ☐ Service Issue ☐ Other (be speci		al to Connect Service Extension Issue	
Have you contacted the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact:			
Concise Stateme	nt of Facts/Complaint: * (This section must be completed. Attach additional information to this p	age if necessary.)	
nothing but probl	en good stewards they would have planned ahead. I am a senior citizen, lived in TC for 25 yearns with this company	2012 2013	
Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)			
i am a senior citiz	en. This rate will almost double my water bill and will be a financial hardship. RECRIVED ALG SECTION PSC SC)	
STATE OF SOUTI	MAIL / DIVIS CAROLINA) VERIFICATION		
COLDENZO		Internal Use Only	
	ork)	Processed By Date	
	etty Worrell verify that I have read my complaint filed on 8-17-2012 lainant's Name * Date *		
•	nts thereof, and that said contents are true. Betty Worrell Complainant's Signature*	H.E.	